

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR PERMIT TO CONDUCT A BOXING SHOW

**NOTE:** Application must include the \$990 permit fee.

NAME OF CLUB \_\_\_\_\_

ADDRESS \_\_\_\_\_

The club described above applies to conduct a boxing show as follows:

#### SHOW

Date of Show: \_\_\_\_\_ Time of Show: \_\_\_\_\_

Location: \_\_\_\_\_

#### WEIGH-IN

Date of Weigh-In: \_\_\_\_\_ Time of Weigh-In: \_\_\_\_\_

Location of Weigh-In: \_\_\_\_\_

#### PRE-BOUT PHYSICAL EXAM

Date of Pre-Bout Exam: \_\_\_\_\_ Time of Pre-Bout Exam: \_\_\_\_\_

Location of Pre-Bout Exam: \_\_\_\_\_

#### BOUTS

The maximum number of bouts to be held is: \_\_\_\_\_

For Receipting Use Only

**APPLICATION FEES:** Make check payable to Department of Regulation and Licensing and attach to this application.

☐ \$990 Permit fee

# Wisconsin Department of Regulation & Licensing

## PROFESSIONAL BOXERS

Provide the number of rounds of each bout and the name, address, and current weight of each boxer whom you intend to have on your card.

The department will only approve a boxer to participate in your show after determining that the boxer holds a federal ID card and holds or is eligible to receive a Wisconsin professional boxer license. You may substitute boxers after submitting this application by submitting a written request and the name, address, current weight, who the opponent will be, and the number of rounds the boxer will fight no later than 4:30 p.m., on the 4th business day before the show.

The club may substitute up to and including 2 additional boxers at any time before a scheduled bout, provided the boxer(s) hold a federal ID card and are licensed in Wisconsin, the boxer(s) provide an affidavit that the boxer(s) are not under suspension in Wisconsin or any other jurisdiction, and both the inspector and referee agree that permitting the boxer(s) to fight would pose no unreasonable risk or harm to the boxer(s).

[illegible]

## BUILDING

The place in which the show will be conducted is:

- ☐ A building owned by the club.
- ☐ A building leased by the club. A copy of the lease is attached.
- ☐ Outdoors. A letter from the facility owner, municipality, festival committee or parks department granting approval to conduct the show is attached.

By this application the club verifies that the building meets applicable state and local building codes.

# Wisconsin Department of Regulation & Licensing

## **RING**

By this application the club certifies that the ring being used for your show meets the requirements of the regulations governing boxing.

NAME	ADDRESS (Street, City, State, Zip Code)	DAYTIME PHONE NO. (       )
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## **PHYSICIAN**

Indicate the name, address and daytime telephone number of the licensed Wisconsin physician who has agreed to be assigned to your show. Physicians will be assigned by the Department.

NAME	ADDRESS (Street, City, State, Zip Code)	DAYTIME PHONE NO. (       )
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## **JUDGING**

- Judges will be selected by: \_\_\_\_\_
- The method to be used for judging bouts will be:  
☐ Scoring and judging according to ABC rules.  
☐ Other. Describe: \_\_\_\_\_
- Indicate the name, address and daytime telephone number of the judges you have requested the Department to approve for your show. Judges will be approved and assigned by the Department.

NAME	ADDRESS (Street, City, State, Zip Code)	DAYTIME PHONE NO.
1.		(       )
2.		(       )
3.		(       )

## **VERIFICATION OF BOXER INSURANCE**

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Amount of Coverage: Medical \$ \_\_\_\_\_ Life \$ \_\_\_\_\_

Proof of Coverage: **A Memorandum of Insurance, Certificate of Insurance or Insurance Binder, in the professional boxing club name, must be submitted to the department no later than 4:30 p.m. on the 4th business day prior to the date of the show. Failure to submit one of the documents will result in denial of the Permit.**

# Wisconsin Department of Regulation & Licensing

## **EVACUATION PLAN**

Name of club representative responsible  
for evacuating injured boxers: \_\_\_\_\_

Ambulance Service to be Used: \_\_\_\_\_

Name of Hospital to be Used. \_\_\_\_\_

Distance of Hospital from Place of Show: \_\_\_\_\_

Describe in detail how an injured boxer will be removed from the ring.

a. Is the ambulance on-site? ☐ Yes ☐ No

b. If yes, what is the proximity of the ambulance to the ring? \_\_\_\_\_

c. If yes, who is responsible to get the paramedics? \_\_\_\_\_

d. If no, who is responsible to call the ambulance? \_\_\_\_\_

e. Who is responsible to get the stretcher? \_\_\_\_\_

f. Who is responsible to clear the aisles? \_\_\_\_\_

g. Other Information: \_\_\_\_\_

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## **CERTIFICATE OF CLUB REPRESENTATIVE RESPONSIBLE FOR EVACUATING INJURED BOXERS**

I, \_\_\_\_\_ certify that I have been delegated the responsibility for implementation of the evacuation plan described in this application and that I understand the plan and that it will be implemented upon determination by the ringside physician that an injured boxer should be removed to a medical facility.

\_\_\_\_\_  
Signature of Club Representative

\_\_\_\_\_  
Date

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## **EXECUTION OF THIS APPLICATION:**

I that all answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of the credential or other disciplinary action. I also understand that if issued a credential, failure to comply with the laws or rules of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Corporate Officer

\_\_\_\_\_  
Title

(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Daytime Telephone Number